MULTIPLE DEPENDENT CLAIM FEE CAL ATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10

APPLICANT(S)

APPLICANT(S)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER 2 MAMENDMENT			AS FILED		AFTER 1 AMENDMENT		AFTER 2 AMENDMENT	
t	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP
1	<u></u>						51 52		ļ				
2		1,-				 	53				 	-	
3 4			<u> </u>				54				1		1
5		 		 		 	55						
6		1		1			56						
7		1		İ			57				 		-
8						<u> </u>	58		ļ	!	 	 	┼
9		<i></i>	!	 	!	 	<u>59</u> 60	 	 		 	!	╁
10		 	}	 	!	}	61		 		1	1	
11		 	-	 	1	 	62		 	1			
12 13			1	1	1	1	63						
14			†	1	1		64						
15							65		-		 	 	4
16						<u> </u>	66	!		{			
17			ļ	<u> </u>	 		67	 	1	 	+	1	+
18	<u> </u>	 	!	 		+	68 69	1	+	 		1	+-
19		- 	-	1	1		70	1	1	1	1	1	
20_	 	-	1		 	1	71	1					
21 22	 	+	1	1	1		72						
23	 	1	1				73			!			1_
24	1						74	ļ		1	<u> </u>		
25							75	 				-	
26							76 77	1		1	1	1	+
27	_	-	1				78	1	 	1	 	1	
28	 						79	1					
29 30	╂		1				80						
31	1						81			- 		-	-
32							82				_		-
33					4	_	83 84					1	\dashv
34		 		_			85					1	
35					- 		86	1		1			
36					- 	_	87						
37 38	 		1				88					1	
39	1	1					89						
40	1						90		_}	╂—			\dashv
41							91						\dashv
42_			-1	-			93	-	_	1	\neg	1	
43			-1		 		94	_				\Box	
44			1-	_	1		95					_	
45 46		-	1				96			_!			
47	+						97	_					
48					_		98			-			\dashv
49						- 	99 100			1			
50	10	. 3	-	E	_		TOTAL		1		1	- 1	
OTAL I			<u> </u>	*			TOTAL						
TOTAL		150000	152			V.S.	TOTA	L		3			1
CLAIM			蓬	1			CLAIR	15			of COMME		